



Star Rating Readiness Checklist – All Programs

(NAEYC-Accredited & Head Start Programs: If a NAEYC-Accredited and/or Head Start Program, please refer to the Readiness Checklist as applicable.)

Please fill out the following information and upload to your USB of documentation to the New Jersey Center for Quality Ratings.

Send USB to: Attn: NJCQR, William Paterson University (Valley Road Campus), 1600 Valley Road, Room 3016, Wayne, NJ 07470

About the Star Rating Readiness Checklist: The Readiness Checklist (RC) is designed to help centers/schools after they have completed all Grow NJ Kids requirements for 1 and 2 star ratings with their Quality Improvement Specialist (QIS) or Technical Assistant Specialist (TAS) and decide to seek a 3, 4 or 5-star rating. The cover sheet of information and Classroom Information List is required to be filled out completely and submitted with the Readiness Checklist with any additional documents as requested and for their program as applicable.

The GNJK Notification of Rating Readiness should also have been e-mailed to Andrea Breitweiser at Andrea.Breitweiser@dhs.state.nj.us.

Date: _____

Center/School Name: _____

Center/School Address: _____

Primary Contact Name: _____

Primary Contact #: _____ Primary Contact Email: _____

School Closing Phone Number and/or Website: _____

QIS/TAS' Name: _____

Type of Program: Child Care ☐

Applying for star rating of: 3 ☐ 4 ☐ 5 ☐ Re-Rating ☐ Date last star rating received: _____

Star rating received: 3 ☐ 4 ☐ 5 ☐ Extension ☐

Parking Available? Y ☐ N ☐ If no, please check the days of alternate side parking (if applicable): M ☐ T ☐ W ☐ Th ☐ F ☐

Location of Parking: _____

Instructional day start time: _____ Arrival time for children: _____ Building Hours: _____

Number of children enrolled in program: _____

Number of classrooms per age group: **Preschool Programs:** 3yr old: _____ 4yr old: _____ Mixed 3/4yr old: _____

Infant/Toddler Programs: Infant (under 18 months): _____ Toddler (18 months – 2 ½ years): _____

Licensing Certificate Number: _____

Notification of Rating Readiness e-mailed to GNJK: Y ☐ N ☐

Two-Month Window: Please provide a window of two months during which an on-site rating visit can occur. Please list any dates of exclusion within this time (i.e. holidays, in-service days, meetings, days of special events, etc.). **Up to 10 dates of exclusion within your selected two-month window are permitted.** Once documentation has been reviewed, NJCQR will contact you with a 10-day time period within the requested two-month window of which during the rating visit will occur. Please note: The 10-day window assigned by NJCQR may not necessarily be on consecutive days.

Requested Two-Month Window: _____

10 Days of Exclusion: _____

Additional Items Required from All Programs:

Please send the following items on the USB as applicable with the Readiness Checklist:

- ☐ Staff Hire Dates for all administrators, head/group/lead teacher and paraprofessionals/teacher assistants. If a staff member is part/time (14 hours or less), please note that information.
- ☐ Birthday Lists for all Infant/Toddler Classrooms
- ☐ Classroom Schedules for all classrooms

Submitting Documentation

A program may submit documentation from any level or category in order to ensure they have reached enough points for the applied for star rating. If additional documentation is required to submit and/or resubmit in order to ensure point requirements have been met, NJCQR will notify you of this information. Page 15 lists the amount of points required to meet each star rating.

Classroom Information List

Please fill out the following information for each classroom in your program. **Indicate Head/Group/Lead Teacher with a (T).**

Classroom Name/Number	Names of instructional staff members	Age range of children	Primary language of instruction	Inclusion/ Self-contained	Number of children enrolled in class	Days of operation (If not open M-F) Indicate here if Half-Day Session AM/PM




Classroom Information List




Please fill out the following information for each classroom in your program. **Indicate Head/Group/Lead Teacher with a (T).**




Classroom Name/Number	Names of instructional staff members	Age range of children	Primary language of instruction	Inclusion/ Self-contained	Number of children enrolled in class	Days of operation (If not open M-F) Indicate here if Half-Day Session AM/PM




Summary Sheet for 3, 4 & 5 Star Ratings




The summary sheet lists documentation by GNJK Criteria #. According to the star rating sought, please upload documents to USB drive, check off box, and write the file name inside each box.




GNJK Criteria #	Evidence/Documentation Required			
1.3.1; 1.4.4	Outdoor Play Area Inspection Logs	<input type="checkbox"/> Completed outdoor play area inspection logs for <i>each playground</i> from prior 3 months File Name:	<input type="checkbox"/> Completed outdoor play inspection logs for <i>each playground</i> from prior 6 months File Name:	
1.3.2	Breastfeeding Policy & Documentation of Staff Orientation to the Breastfeeding Policy (I/T Programs Only)	<input type="checkbox"/> Copy of the breastfeeding policy (<i>or as noted in Parent Handbook</i>) File Name:		
		<input type="checkbox"/> Copy of documentation of staff orientation to the breastfeeding policy File Name:		
1.3.3	Sample menus	<input type="checkbox"/> Sample menus for 3 months for each infant/toddler and preschool classroom as appropriate File Name:		
1.3.4	Flyers/Sign-In sheets from health and safety workshops	<input type="checkbox"/> Copies of flyers/sign-in sheets from health and safety workshops from within past year (about 2-3 different workshops) File Name:		
1.3.6	Copy of developmental screening tool; protocol/policy	<input type="checkbox"/> Copy of developmental screening tool; protocol/policy File Name:		




GNJK Criteria #	Evidence/Documentation Required			
2.3.2; 2.4.2	Copy of policies for completed structured classroom observation/assessment tool(s) (e.g. ECERS; SELA; PCMI; PRISM; QBCC; ITERS-R; CLASS; TPOT; TPITOS)	<input type="checkbox"/> Copy of policy for one structured classroom observation/assessment tool used File Name:	<input type="checkbox"/> Copies of each <i>additional</i> policy for structured classroom observation/assessment tool used File Name:	
2.3.4	Evidence of how results from performance-based assessment* are used to modify/accommodate children's specific needs and abilities (e.g. lesson/activity plans or materials for different abilities/interests with description that supports how these small group experiences/activities were planned using data from PBA) *If not TS Gold, COR or Work Sampling, submit same amount of copies of what is currently used to document student growth/progress.)	<input type="checkbox"/> Evidence and descriptions of how results from performance-based assessment are being used to modify or accommodate children's specific needs and abilities <input type="checkbox"/> Submit 1 weeks' worth of lesson plans with descriptions from 50% of all classrooms / NJCQR will review the plans & descriptions on-site File Name:		
2.4.3	Evidence of data summaries from performance-based assessment* with descriptions of how it is used to inform program practices/individual student growth *If not TS Gold, COR or Work Sampling, submit same amount of copies of what is currently used to document/aggregate individual student growth/progress.		<input type="checkbox"/> Data summaries from performance-based assessment and a description of how it is being used in the program to inform program practices/individual student growth (i.e. trainings planned, experiences/activities, materials ordered to support content learning in areas of need, etc.) File Name:	

GNJK Criteria #	Evidence/Documentation Required			
2.4.4	Documentation of screening and referral policy		<input type="checkbox"/> Copy of screening and referral policy File Name:	
2.5.2	Aggregated classroom data summaries of comparative progress over 5-10 months from 50% of classrooms		<input type="checkbox"/> Aggregated classroom data summaries of comparative results showing progress over 5-10 months from performance-based assessment for 50% of classrooms Submit electronically, or this can be reviewed on-site through hard copies or electronic database. File Name:	
3.3.1; 3.4.1; 3.5.1	Documentation of Strengthening Families Protective Factor (SFPF) Framework used in program; collated survey results; annually updated Quality Improvement Plan and self-assessment; evidence of program fully integrating SFPF	<input type="checkbox"/> Collated summary sheet with number of families enrolled and number of surveys returned from families. Copy of any/each survey(s) completed in prior 12 months should be submitted File Name:	<input type="checkbox"/> Evidence that SF Quality Improvement Plan is based on self-assessment and annually updated File Name:	<input type="checkbox"/> Evidence that SFPF principles and strategies are fully implemented into the program File Name:
3.3.2; 3.4.2	Parent/Family Group Meeting agendas and/or minutes	<input type="checkbox"/> Agenda and/or Sign-In Sheets from 2 meetings within 1 year (current school year; unless date of ratings notification is early school year; agenda from last school year is acceptable) File Name:	<input type="checkbox"/> Agenda and/or Sign-In Sheets and/or Minutes from 3 meetings within 1 year (current school year; unless date of ratings notification is early school year; agenda from last school year is acceptable) File Name:	

GNJK Criteria #	Evidence/Documentation Required			
3.3.3	Family Education workshop agendas; and sign-in sheets/ minutes (Topics should include: early / adult literacy, positive parent interactions, cultural awareness, developmental issues, or any other that identify needs/interests of families)	<input type="checkbox"/> Family Education workshop agendas and Sign-In Sheets or minutes from 2 workshops within 1 year (current school year; unless date of ratings notification is early school year; agenda from last school year is acceptable) File Name:		
3.3.5; 3.4.5	List of community organizations with parent representatives	<input type="checkbox"/> List of community organizations where parent representatives are involved/participate File Name:	<input type="checkbox"/> List of community organizations parents are involved and identify which organizations have at least 1 parent representative. Also submit meeting minutes or agendas from at least 2 meetings File Name:	
3.3.6	Documentation of Absenteeism Policy	<input type="checkbox"/> Copy of policy as noted in Parent Handbook File Name:		
3.4.3	Examples of communication strategies; e.g. newsletters, letters, workshops, flyers		<input type="checkbox"/> Samples of communication strategies; e.g. newsletters, letters, workshops, flyers from past 6 months (3-4 examples) (Examples can be electronic, paper and/or in multiple languages) File Name:	
3.5.2	List of ethnic demographics of student population; Annual current calendar of culturally relevant dates and activities reflecting student demographics			<input type="checkbox"/> Calendar of current school year with activities noted and list of school demographics with represented ethnicities File Name:

GNJK Criteria #	Evidence/Documentation Required			
4.3.4	Description of the annual performance evaluation process and copy of evaluation, self-assessment/family surveys	<input type="checkbox"/> Description of annual performance evaluation process; copies of evaluation, self-assessment form and family surveys if used File Name:		
4.4.5	Copy of completed curriculum implementation/Fidelity instrument If a program is seeking a 5-star rating, this item MUST be submitted/reviewed to meet curriculum requirements for ALL classrooms and age groups as part of the 5-star rating full implementation requirements		<input type="checkbox"/> Copy of completed curriculum implementation/fidelity checklist/instrument used from 50% of <i>Preschool and Infant/Toddler</i> classrooms (if applicable) File Name:	
4.4.6	Copy of staff meeting schedule and/or agendas		<input type="checkbox"/> Schedule/Staff Meeting Agendas File Name:	
4.4.7	Evidence of aggregated classroom/program/child level data reports and program improvement plan		<input type="checkbox"/> Evidence demonstrating aggregated data used 2x in a 10 month program from 50% of classrooms with Program Improvement Plan File Name:	
4.5.1	Agency Training Plans			<input type="checkbox"/> Evidence of agency training plans Can include plans for workshops, conferences & trainings File Name:
4.5.2	Score sheets from completed assessments: Pyramid Model TPOT and/or TPITOS			<input type="checkbox"/> Copy of completed assessment score sheets from each classroom (TPOT and TPITOS as appropriate for each classroom's age group) File Name:
5.3.1; 5.4.1; 5.5.1	Self-Assessed PAS score sheet	<input type="checkbox"/> Score sheet: Required minimum score of 3 File Name:	<input type="checkbox"/> Score sheet: Required minimum score of 4 File Name:	<input type="checkbox"/> Score sheet: Required minimum score of 5 File Name:

GNJK Criteria #	Evidence/Documentation Required			
5.3.2	Written definition of roles and responsibilities of the governing body (if non-profit/public)	<input type="checkbox"/> Copy of the written definition of roles and responsibilities of the governing body File Name:		
5.3.3	Written policy/manual that includes financial operating procedures	<input type="checkbox"/> Copy of written description of financial operations/procedures File Name:		
5.3.4	Marketing Plan addressing increasing enrollment	<input type="checkbox"/> Copy of Marketing Plan File Name:		
5.3.5	Current operating budget including statement of income and expenditures	<input type="checkbox"/> Copy of current year's operating budget including statement of income and expenditures File Name:		
5.3.6	Evidence of parent/staff feedback used to evaluate program	<input type="checkbox"/> Evidence of parent/staff feedback used to evaluate program (i.e. surveys or other written communications) File Name:		
5.3.7	Evidence of internal communication strategies with staff Ex: regularly scheduled staff meetings, written procedures of policies, handbook, staff bulletin board, in-house newsletters, memos, verbal communication, e-mail	<input type="checkbox"/> Samples from at least 3 types of strategies currently utilized within past 3 years of notification of ratings File Name:		
5.3.8; 5.5.2	Benefit policy describing the benefit(s) employees receive (Employee Handbook)	<input type="checkbox"/> Evidence of at least one benefit offered File Name:		<input type="checkbox"/> Evidence of at least two benefits offered File Name:
5.4.2	Advisory council meeting minutes/sign-in sheets		<input type="checkbox"/> Meeting Minutes or Sign-In Sheets from meeting from current school year (if early in school year, acceptable to submit from last school year) File Name:	

GNJK Criteria #	Evidence/Documentation Required			
5.4.3	Business/Strategic Plan		<input type="checkbox"/> Written description of Business/Strategic Plan File Name:	
5.4.4	Written description of system for tracking teacher turnover with evidence		<input type="checkbox"/> Written description of system with evidence (i.e. an Excel graph indicating percentage of teacher turnover each year and their reason for separation) – at least 3 years of turnover tracked File Name:	
5.4.5	Annual report with financial system information		<input type="checkbox"/> Copy of annual report File Name:	
5.4.6	Quarterly accounting review report		<input type="checkbox"/> Copy of quarterly accounting review report File Name:	
5.4.7	Signed contract with CPA and most recent audit		<input type="checkbox"/> Signed contract with a CPA and most recent audit File Name:	
5.5.3	Documentation of ongoing reflective practice opportunities/ Head Start Programs: Practice-Based Coaching Document			<input type="checkbox"/> Evidence of ongoing reflective practice opportunities or evidence of coaching/ mentoring using the reflective cycle from minimum of 4 staff files or 25% of staff files (whichever is greater) File Name:
5.5.4	Documentation of professional development plans; incentive programs			<input type="checkbox"/> Minutes from Professional Learning Community within 6 months and evidence of incentive program. If staff is formally recognized at a staff meeting, meeting minutes could be used as documentation File Name:

On-Site Documentation

On-Site Documentation: During the on-site documentation review, NJCQR staff will be pulling samples of listed on-site documentation at random. Therefore, please provide clear detail of where NJCQR staff will be able to find the mass amount of documentation that is listed (e.g. where all children's folders are located together, where all staff folders are located together).

GNJK Documentation and Standard Number	On-Site Location of Documentation
<input type="checkbox"/> Signed receipts for the Parent Handbook (1.3.4)	<p style="text-align: center;">Children's Intake Folders</p> <p>NJ Center for Quality Ratings will randomly select minimum of 10% of the children's intake folders or a minimum of 10 folders for review (whichever is greater)</p> <p>Location:</p>
<input type="checkbox"/> Copies of completed developmental screening tools (should be completed according to program screening policy; ESI-R; ASQ; Brigance) (1.3.6)	
<input type="checkbox"/> Policy of age-appropriate oral health care for all children including documentation of parent consent (1.4.2)	
<input type="checkbox"/> Evidence that vision, hearing and dental screenings are offered and results are shared with families (1.5.1)	
<input type="checkbox"/> Evidence of performance-based assessment* used: sample portfolios, observation forms, completed rubrics (2.3.3) <small>*If not TS Gold, COR or Work Sampling, submit same amount of copies of what is currently used to document student growth/progress.</small>	<p style="text-align: center;">Children's Classroom Folders</p> <p>NJ Center for Quality Ratings will randomly select minimum of 10% of the children's classroom (transition) folders or a minimum of 10 folders for review (whichever is greater)</p> <p>Location:</p>
<input type="checkbox"/> Documentation of results from performance-based assessment* shared with families (2x in a 10 month program) (2.3.5) <small>*If not TS Gold, COR or Work Sampling, submit same amount of copies of what is currently used to document student growth/progress.</small>	
<input type="checkbox"/> Copies of completed referrals (2.4.4)	
<input type="checkbox"/> Child's Transition Folders and Transition Policy (2.4.5)	
<input type="checkbox"/> Documentation of offered home visits with evidence they are offered up to 2x a year (newsletter, letter home, etc.) (3.3.4; 3.4.4)	




GNJK Documentation and Standard Number	On-Site Location of Documentation
<input type="checkbox"/> Signed receipt teachers and teacher assistants have received a copy of the NJ Birth-Three Standards and/or NJ Preschool Teaching and Learning Standards (2.3.1)	<p style="text-align: center;">Staff Folders</p> <p>NJ Center for Quality Ratings will randomly select minimum of 25% of the instructional staff files or a minimum of 4 files for review (whichever is greater) For 4.4.8, non-instructional folders will be reviewed.</p> <p>Location:</p>
<input type="checkbox"/> Individual Professional Development Plans (4.3.4; 5.3.9)	
<input type="checkbox"/> Signed receipts from non-instructional staff receiving documentation of school practices (4.4.8)	

Professional Development and Trainings

Please check off the standards you would like NJCQR to review.

	<input type="checkbox"/> 4.3.1	<input type="checkbox"/> 4.3.2 4.3.7	<input type="checkbox"/> 4.3.3	<input type="checkbox"/> 4.3.5	<input type="checkbox"/> 4.3.6	<input type="checkbox"/> 4.4.1	<input type="checkbox"/> 4.4.3	<input type="checkbox"/> 4.4.4
<p>Staff Member</p> <p>T = Head/Group/Lead Teachers from every classroom</p> <p>TA = 1 FT Teacher Assistant/paraprofessional /aides per classroom</p> <p>D/S = Director/Supervisors</p> <p>TS= Teaching Staff (T's + TA's from each classroom)</p> <p>PT = Part-time staff</p> <p>h = hours</p>	<p>Formal Training In Curriculum This <i>additional</i> curriculum training should be <u>beyond</u> what is required for the star rating that the program applied for and will be counted <i>in addition to</i> the formal training for curriculum required for the star rating sought.</p> <p>T, TA, D/S T= 5h TA= 3h D/S= 5h PT = 1h *Random Sample</p>	<p>Performance-Based Assessment T (Teaching Strategies Gold, High Scope COR, Work-Sampling)</p> <p>T = 5h</p> <p>*Random Sample</p> <p>*If a program is seeking a Star Rating of 5, <u>all head/group/lead teachers must have 10 hours of this training.</u></p>	<p>Evaluation/ observation instruments D/S</p> <p>D/S ONLY= 3h (Formal and/or informal training tools may include: checklists, ECERS, ACHIEVENJ, Danielson, etc.)</p> <p>*Random Sample</p>	<p>Special Dietary Needs (allergies, feeding issues) T + TA</p> <p>T= 2h TA=1h PT = .5h</p> <p>*Random Sample</p>	<p>Developmental Screening Tool T (ASQ; ESI-R; Brigance)</p> <p>T ONLY=3 h</p> <p>*Random Sample</p>	<p>PD on children w/ special needs (should include inclusion) T + TA</p> <p>T=5h TA=3h PT = 1h</p> <p>*Random Sample</p>	<p>PD on Pyramid, S/E, I/T EC Mental Health (e.g. challenging behaviors; temperament) T + TA</p> <p>T=5h TA=3h PT = 1h</p> <p>*Random Sample</p>	<p>PD on: Special Needs, teacher-child interactions, ELL, cultural competence& transition and SFPF T + TA</p> <p>T=60h over 3y TA=30h over 3y PT = 3h over 3y</p> <p>*Random Sample</p>
	<p>Staff Training & Credentials: If staff training/credentials are not found on the NJ Workforce Registry Training Report or in electronically submitted certificates/sign-in sheets, during the on-site review, NJCQR will ask to review:</p> <ul style="list-style-type: none"> • Training certificates • Sign-In Sheets • Professional development plans for any staff in program outlining upcoming trainings to occur over the school year (only acceptable if staff has been in program <u>under one year from date of ratings</u>) <p>Additional Information about Review of Staff Training & Credentials:</p> <ul style="list-style-type: none"> • All trainings must be from <u>within 3 years to date of ratings</u> to meet requirements. • Evidence of meeting training standard requirements for each group of listed staff members (i.e. T's, TA's, PT) are <i>randomly selected</i> by NJCQR staff (25% or minimum of 4 folders; whichever is greater) • CPR & First Aid Standards (1.4.3; 1.5.2) and CDA (4.3.8; 4.3.9; 4.4.2; 4.5.3) are percentages selected from entire teaching staff. 							

Requirements for Grow NJ Kids Star Ratings

Star Rating	ERS (ECERS-3/ITERS-R)	CLASS: Emotional Support and Classroom Organization	CLASS: Instructional Support/ Engaged Support for Learning	Implementation of Curriculum (GNJK Standard: 2.4.1)	Range of Points for required documentation
	ECERS-3 – average of 3.75 ITERS-R – average of 3.75 No subscale below a 3 (ECERS-3) No subscale below a 3.5 (ITERS-R)	N/A	N/A	Staff have attended minimum of 5 hours of training on selected research-based curriculum.	30-59
	ECERS-3 – average of 4.5 ITERS-R – average of 5 No subscale below a 4 (ECERS-3) No subscale below a 4 (ITERS-R)	Preschool Classroom – N/A Toddler Classrooms – Score of 5	Preschool Classroom – N/A Toddler Classrooms – Score of 3	Staff have attended minimum of 10 hours of training on selected research-based curriculum.	60-85
	ECERS-3 – average of 5 ITERS-R – average of 6 No subscale below a 4.25 (ECERS-3) No subscale below a 5 (ITERS-R)	Preschool Classroom – N/A Toddler Classrooms – Score of 5.5	Preschool Classroom – N/A Toddler Classrooms – Score of 3.3	Selected research-based curriculum is fully implemented.	86-100

Last Updated 5-11-17



Star Rating Readiness Certification

I have identified the star rating my program is seeking and worked with my Quality Improvement Specialist/ Technical Assistant Specialist to successfully prepare my center/school prior to and during the rating visit as required for the star rating I am seeking. I have noted all documentation on the Star Rating Readiness Checklist that has been submitted electronically and the on-site documentation to be reviewed and considered towards the final rating decision.

Signature of Primary Contact

Date

Signature of Quality Improvement Specialist/Technical Assistant Specialist

Date